

Stroke and/or Coma

This worksheet is a guide for initial and re-certification assessments. It must be accompanied by narrative documentation. Construct a narrative from the information on this worksheet and from the Physician and record on back. The patient should be re-evaluated at specific intervals set by the interdisciplinary team.

Patient Name: _____ MR#: _____ Date _____

1. Palliative Performance Scale (PPS) of < 40. (Check applicable percentage):

%	Activity	Work ability	Self Care Level	PO Intake	LOC
__40	Mainly Bed	Unable to do any work. Extensive Disease.	Mainly Assistance	Normal or Reduced	Full or Drowsy or Confused
__30	Total Bed Bound	As Above	Total Care	Reduced	Full or Drowsy or Confused
__20	As Above	As Above	Total Care	Minimal Sips	Full or Drowsy or Coma
__10	As Above	As Above	Total Care	Mouth Care Only	Drowsy or Coma
__0	Death				

2. Inability to maintain hydration and caloric intake with one of the following:

__ Unintentional weight loss of greater than 10% over prior six months

__ Unintentional weight loss of greater than 7.5% over prior three months

__ Serum albumin 2.5 gm/dl

__ Current Hx of pulmonary aspiration without effective response to speech language pathology interventions to improve dysphagia and decrease aspiration events

__ Calorie counts documenting inadequate caloric/fluid intake

If the patient does not meet both medical criteria #1 and #2, the documentation should describe relevant co-morbidity and/or rapid decline.

3. Comatose patients (any etiology) with any 3 of the following on day 3 of coma:

__ Abnormal brain stem response

__ Absent verbal response

__ Absent withdrawal response to pain

__ Serum creatinine > 1.5mg/dl

Narrative Summary of Prognosis Documentation

Documentation should be complete, consistent, concise, specific, measurable, and descriptive.

Patient Name: _____ MR#: _____

Diagnosis— Present underlying illness(es) and all other illness(es) affecting the terminal diagnosis:

Co-morbidity that affects the prognosis:

History and progression of the illness(es):

Physical baseline (e.g., weight and weight change, vital signs, heart rhythms, rales, degree of edema):

Laboratory (if pertinent):

Physician's prognosis stating why there is a life expectancy of six (6) months or less (e.g., Patient depressed, will not eat and does not want anything done, or has had optimal therapy for illness.):

RN Signature

Date

Physician Signature

Date